

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42244**

*Goldberg*  
 BIRTH NO. **FILED DEC 21 1953** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **4061** Registrar's No. **42**

|                                                                                                                                                                                                                                                          |  |                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Caldwell</b>                                                                                                                                                                                                           |  |                                                                                                        |                                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Braymer</b>                                                                                                                                                           |  | c. LENGTH OF STAY (In this place)<br><b>30 yrs.</b>                                                    |                                                   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Braymer</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               | d. STREET ADDRESS (If rural, give location)<br><b>city limits</b>                   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>city</b>                                                                                                                                                                                                      |  |                                                                                                        |                                                   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>12/5/53</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                     |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>ADA</b>                                                                                                                                                                                             |  | b. (Middle) <b>BELL</b>                                                                                |                                                   | c. (Last) <b>WIDMIER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 5. SEX <b>F</b>                                                                     |  |
| 6. COLOR OR RACE <b>W</b>                                                                                                                                                                                                                                |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>widowed</b>                               |                                                   | 8. DATE OF BIRTH <b>4/1/1872</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | 9. AGE (In years last birthday) <b>81</b>                                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>                                                                                                                                          |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>housework</b>                                                  |                                                   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Caldwell Co., Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>                                         |  |
| 13a. FATHER'S NAME<br><b>Friend McCray</b>                                                                                                                                                                                                               |  |                                                                                                        | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Swindler</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | 14. NAME OF HUSBAND OR WIFE<br><b>Gilly Widmier</b>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>                                                                                                                                    |  |                                                                                                        | 16. SOCIAL SECURITY NO.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Friend Widmier Braymer Mo</b> |                                                                                     |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                           |  |                                                                                                        |                                                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Barony tuberculosis</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>Four Months</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Arteriosclerosis</b> <b>many years</b><br>DUE TO (c) <b>Cerebral Arteriosclerosis</b> <b>many years</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Arteriosclerosis</b> <b>many years</b> |                                                                               |                                                                                     |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>1/201</b>                                                       |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                 |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |                                                   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.                                                                                                                                                                                                       |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |                                                   | 21f. HOW DID INJURY OCCUR?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                     |  |
| 22. I hereby certify that I attended the deceased from <b>June 1847</b> to <b>Dec. 5, 1953</b> , that I last saw the deceased alive on <b>Dec. 5, 1953</b> , and that death occurred at <b>1130 A.M.</b> , from the causes and on the date stated above. |  |                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     |  |
| 23a. SIGNATURE (Degree or title)<br><b>E. Goldberg M.D.</b>                                                                                                                                                                                              |  |                                                                                                        |                                                   | 23b. ADDRESS<br><b>Braymer, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                               | 23c. DATE SIGNED<br><b>12/7/53</b>                                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                               |  | 24b. DATE<br><b>12/7/1953</b>                                                                          |                                                   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Evergreen cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               | 24d. LOCATION (City, town, or county) (State)<br><b>Braymer, Mo.</b>                |  |
| DATE REC'D BY LOCAL REG.<br><b>12-14-53</b>                                                                                                                                                                                                              |  | REGISTRAR'S SIGNATURE<br><b>Mrs. Nell B. Jones</b>                                                     |                                                   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Geneb. Michael</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | ADDRESS<br><b>Braymer, Mo.</b>                                                      |  |

OCT 13 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

~~Student Embalmer No.~~

~~working under my personal supervision.~~

~~Student~~ .....

~~Student Embalmer~~

Signed

*Geneb. Michael*

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.